



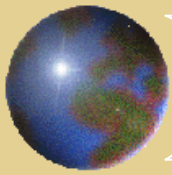
# *Female Genital Mutilation: What Providers Need to Know (Sec IV)*

Dr. Grace B. Mose Okong'o  
Director of IWHI  
Family Planning Advocates of NYS



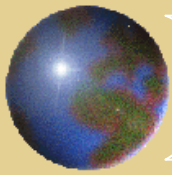
Education Fund of  
Family Planning Advocates of NYS  
17 Elk Street  
Albany, NY 12207  
Phone: (518) 436-8408  
Fax: (518) 436-0004  
[www.edfundfpa.org](http://www.edfundfpa.org)

**Community Cradle, March 24, 2010**



## *Practice of FGM: Definition*

- ❖ “Female circumcision (FC)” female genital mutilation (FGM); female genital cutting (FGC).
- ❖ WHO defines FGM as “any practice involving complete or partial removal or alteration of female external genitalia for non medical reasons. This is not done for medical reasons but **cultural**. It therefore violates the human rights and harms the bodily integrity of women.”



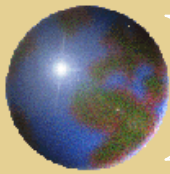
## *Female “Circumcision” Introduction*

- ❖ A practice that presents special gynecological conditions.
- ❖ The ritual is common in many countries in Africa some being the origin of refugees (Sudan, Somali, Ethiopia, Liberia).
- ❖ Type of surgery differs from community to community.
- ❖ Not all communities do this, so providers are asked not to assume.



## *Preference: General Facts*

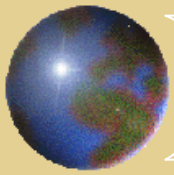
- ✦ Preference by at least 28 countries in Africa.
- ✦ Also some countries in Asia, Middle East.
- ✦ Immigrants in Europe, the US and Canada.
- ✦ At least 120 and 140 million women have been mutilated world wide.
- ✦ 2 Million women at risk each year.



## *Statistics of FGM in the US*

- ❖ Estimates in 2000 census indicate that about 228,000 women and girls have gone through or are at risk.
- ❖ 1990 to 2000 number of risk grew by 35% in the US.
- ❖ More than 165,000 females living in US over 18 years have gone through FGM or are considered at risk.
- ❖ 27% of females under 18 years are at risk.

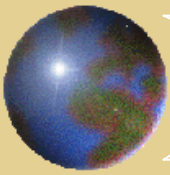
*Source:* African Women's Health Center (AWHC) at Brigham and Women's Hospital (BWH), <http://www.brighamandwomens.org/africanwomenscenter/research.aspx>



## *High Preference States*

State	Total	Under 18	Over 18
California	38,353	9,631	28,722
New York	25,949	7,675	18,274
Virginia	17,980	4,312	13,669
Maryland	16,264	4,466	11,798
Minnesota	13,196	3,691	9,505
Texas	13,100	3,790	9,310

*Source:* African Women's Health Center (AWHC) at Brigham and Women's Hospital

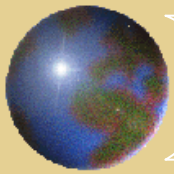


# *FGM: Types of Surgeries*



## **Before Surgery**

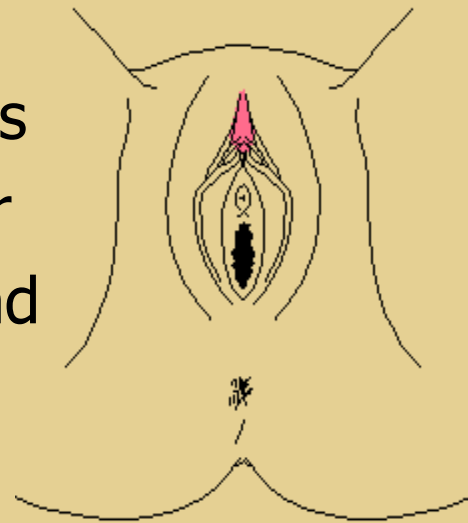
*Source: Maendeleo Ya  
Wanawake Organization  
(MYWO), Nairobi, Kenya*



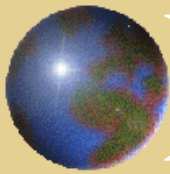
# *FGM Type 1: Clitoridectomy*

## */Sunna*

- ✦ 1. Clitoridectomy or Sunna;  
Removal of the hood of the clitoris with or without removal of part or all of the clitoris. Least severe and is practiced in Somalia, Sudan, Egypt.



*Source:* Maendeleo Ya Wanawake Organization (MYWO), Nairobi, Kenya

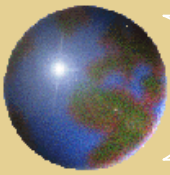


## *FGM Type 11: Excision*



Involves removal of the hood of the clitoris together with part or all labia minora.

*Source:* Maendeleo Ya Wanawake Organization (MYWO), Nairobi, Kenya

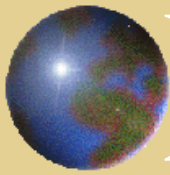


## *FGM Type 3: Infibulation*



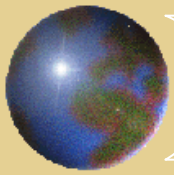
Involves the removal of part or all of the external female genitalia including the clitoris, labia minora and labia majora, and stitching and /or narrowing of the vaginal opening, leaving a small hole for urine and menstrual flow. In order to close the vulva, thorns and herbal paste are used. The girls legs are tied for week to enable healing.

*Source:* Maendeleo Ya Wanawake Organization (MYWO), Nairobi, Kenya



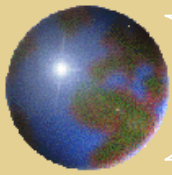
## *Why this is not a trivial problem*

- ✿ It presents immediate, intermediate and long term complications: physical, psychological, and gynecological, impacts on quality healthcare.
- ✿ It is a human rights issue.
- ✿ Finding a workable eradication strategy has been difficult in most communities despite global debates, media coverage, and intellectual discussions.
- ✿ Historical resistance to abolition, some from prominent persons.



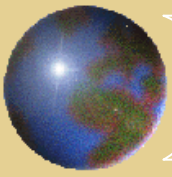
# *Immediate Health/Physical Consequences*

- ✦ Trauma; Anxiety; Depression.
- ✦ Hemorrhage, (may lead to death).
- ✦ Infections (may result in tetanus).
- ✦ Urine retention (in infibulations).
- ✦ Ulceration of the genital region.
- ✦ HIV transmission due to instrument sharing.



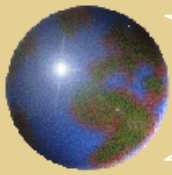
## *Long Term Health/Physical Consequence*

- ✦ Cysts and abscesses
- ✦ Keloid scar formation
- ✦ Urinary incontinence, infections
- ✦ In some cases-painful sex
- ✦ Difficulties at birth due to obstruction



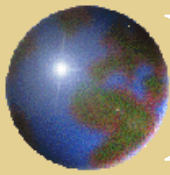
# *Example of effect of infibulations*





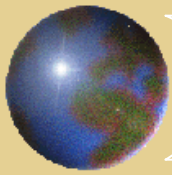
## *When Providers Don't Know*

- ❖ Doctors/staff get freaked out: Oh my, what happened to you? I have never seen anything like this before! Or did you burn yourself?
- ❖ This is scary to the patient-struggle to explain.
- ❖ Self restraint on the part of provider/staff is very helpful.



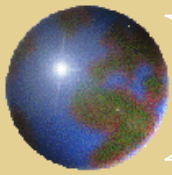
## *Being Informed is Critical*

- ⊕ Right approach is very essential.
- ⊕ Infibulated women hope that physicians know about their condition. Many patients are shy to explain.
- ⊕ As much as possible women are more comfortable with female physicians.
- ⊕ Be aware of the symptoms: abdominal pains may be due to chronic infections resulting from FGM.
- ⊕ A physical exam is recommended.
- ⊕ Pelvic exams cause extreme anxiety due to anticipated pain.



## *Establish Rapport With Patient*

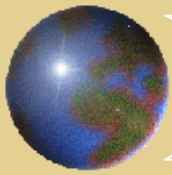
- ⊕ Providers are encouraged to make every effort to be friendly (eases tension and opens communication).
- ⊕ Need to be sensitive and non judgmental.
- ⊕ Physicians need to train in relaxation exercises to reduce tenseness in muscles which often leads to painful exams.
- ⊕ The provider needs to determine if specialist gynecologist is needed.



# *Resolve Issues Before Labor*

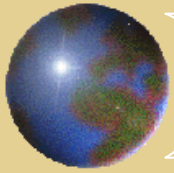
## *Starts*

- ✦ If a woman is pregnant identify type of FGM and related issues during her prenatal visits.
- ✦ FGM can cause obstruction and prolonged labor pains.
- ✦ Do you need to involve partner in healthcare decisions such as surgery to allow examinations and delivery?
- ✦ Wrong approaches may lead to patients disappearance only to re-appear when in labor.



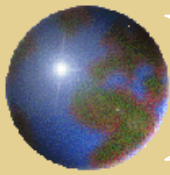
# *Dilemmas*

- ❖ Some women want their tears to be redone. Many physicians get shocked at these requests.
- ❖ It is unethical for Physician to redo except what is needed for health reasons.
- ❖ Educate and contact specialist for reversal of procedure (de-fibulation).
- ❖ Husbands may be involved in decisions.



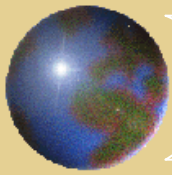
# *Educate*

- ❖ The entire period is an opportunity to impact on attitudes so parents may make educated choice regarding their daughters.
- ❖ Continued support with any physical and psychological complications arising from FGM
- ❖ Providers need to know and educate on the legal dimensions of FGM



# *Cultural Humility*

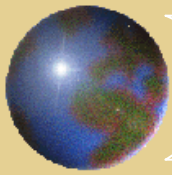
- ⊕ Don't judge. To many of these women this is a valued practice, beautiful.
- ⊕ Don't be disgusted, patronizing or superior when discussing FGM. It can be very damaging to women.
- ⊕ Creative rapport may lead to **cultural humility**.
- ⊕ Learn different ways in which women in the west are objectified. May lead to cultural humility.
- ⊕ Perspectives of women change especially with education. Educated women are very ambivalent and some won't like to discuss due to shame.



## *Contact Specialists*

### *African Women's Center, Boston*

- ❖ Dr. Nawal M. Nour opened an African Women's Health Practice of the obstetrics and gynecology department at Brigham, Boston.
- ❖ She receives 15-20 patients in a session
- ❖ In 2004 1000 patients,
- ❖ 90% gone through FGM and go there for de-fibulation.



# *Referral for Women Who Have Gone Through FGM*

## ✦ **African Women's Health Center (AWHC) at Brigham and Women's Hospital**

(<http://www.brighamandwomens.org/africanwomenscenter/services.aspx>)

**Address:** 75 Francis Street, Boston, MA 02115, USA

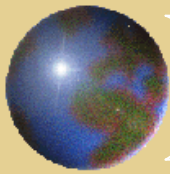
**Phone:** (617) 732-5500

(617) 732-6458 TTY/TTD

- ✦ Patients requesting an appointment can call 1-800-BWH-9999 or complete the "Request an Appointment" form on the AWHC web site.
- ✦ Doctor's offices requesting an appointment on behalf of a patient can call BWH Physician Referral Line at 1-800-MD-to-BWH (1-800-638-6294).

### For More Information

- ✦ Lightfoot-Klein, H., Shaw, E. (1991). Special Needs of Ritually Circumcised Women Patients. *Journal of Obstetric, Gynecologic and Neonatal Nursing*, 20 (2), 102-107.



*Dr. Grace Mose*  
*Director, Immigrant Women's Health Initiative*  
*grace@fpaofnys.org*



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Family Planning Advocates of  
NYS  
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